STATE of DELAWARE REGISTERED LIMITED LIABILITY PARTNERSHIP CERTIFICATE of APPLICATION

| Fir | st: The name of the limited liability partnership is |
|-----|---|
| Sec | cond: The address of its registered agent in the State of Delaware is |
| Thi | ird: The number of partners the limited liability partnership shall have is |
| For | urth: (A brief statement of the business in which the partnership engages.) |
| | |
| | |
| | |
| | |
| | |
| | |
| | th: The partnership hereby applies for status as a registered limited liability |
| - | tnership. |
| | ness Whereof, the undersigned have caused this Certificate of Application of, A.D. 20 |
| | tills day of, A.D. 20 |
| | |
| | BY: |
| | BY:Authorized Partner(s) |
| | NAME: |
| | Type or Print |